CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

T	he C/OH Instruction	Guide explains how	to complete th		1. Filer ID (Ethics Commi	ission Filers)	2. Total pages	filed:
3	CANDIDATE/	MS/MRS/MR	FIRST			MI	OFFICE U	ISE ONLY
	OFFICEHOLDER NAME		Stephen	I.			Date Received	
		NICKNAME	LAST			SUFFIX	nec	RECEIVED
		Steve Adler	Adler					15'19 AM9:4
4	CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE:	ZIP CODE		
		301 West 2nd Street		Austin	TX	78701-4592	Date Hand-delivered	or Date Postmarked
	Change of Address							
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE P	HONE NUMBER	ł	EXTENSIO	N	Receipt #	Amount \$
		(512) 975	8-2100					
6	CAMPAIGN	MS/MRS/MR	FIRST			MI	Date Processed	
	TREASURER		Eugene				Date Imaged	
	NAME	NICKNAME	LAST			SUFFIX		
			Sepulveo	da				
7	CAMPAIGN	STREET ADDRESS:	APT/S	SUITE#	CITY	STATE:	ZIP CODE	
	TREASURER ADDRESS (Residence or Business)	3114 Wheeler Street			Austin	TX	78705	
_	CAMPAICNI	AREA CODE P	HONE NUMBER	<u> </u>	EXTENSIO	N		
8	CAMPAIGN TREASURER PHONE	(512) 970-9400						
9	REPORT TYPE	January 15	30th day	before election	ı 🗆 R	unoff		er campaign tresurer t (officeholder only)
	✓ July 15 8th day before election		Exceeded \$500 limit		Final report (Attach- COH-FR)			
10) PERIOD	Month Day	Year			Month	Day Yea	ır
COVERED		01/01/2019		THR	ROUGH		06/30/2019	
11	ELECTION	ELECTION DAT Month Day 11/06/201	Year [ELECTION Primary Genera		Runoff (Other	
40	0.0000	OFFICE HELD (if any)	, i		一十	13 OFFICE SOUGH	IT (if known)	
12 OFFICE		Mayor				Mayor	,	
	GO TO PAGE 2							
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			15 Filer ID (Ethics Commission Filers)		
14 C/OH NAME	Stephen I. Adler	15 - 18.15 (28.160 - 08.11.11.11.11.1)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
17 CONTRIBUTION TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$00				
	2 TOTAL POLITICAL (OTHER THAN PLE	\$0.00			
EXPENDITURE TOTALS	3 TOTAL POLITICAL	\$0.00			
	4 TOTAL POLITICAL	\$1,494.64			
CONTRIBUTION BALANCE 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$4,787.13		
			\$449,200.00		
ALEJANDRO MEDINA Notary Public, State of Texas Comm. Expires 08-15-2022 Notary ID 131684514 AFFIX NOTARY STAMP / SEAL ABOVE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Stephen 1. Adler this the					
15 day of July 20 19 to certify which, witness my hand and seal of office.					
A.12	<u>.</u>	Hejandro Medina M	Votacy		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	FILER NAME Stephen I. Adler	thics Commission Filers)	
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	\$1,494.64	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	\$0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	\$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	\$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER	ETURNED	\$0.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Credit Card Payment		de explains how to co			
Total pages Schedule F1:	2. FILER NAME Stephen I. Adler		3. Fil	er ID (Ethics Commission Filers)	
4 Date	5 Payee name				
01/31/2019	Frost Bank				
6 Amount \$8.00	7 Payee address;	City;	State:	Zip Code	
	2425 Exposition Blvd Austin,	TX 78703-2270			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)			ption heck if travel outside of Texas, complete Schedule T check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Accounting/Banking		Service Fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
02/28/2019	Frost Bank				
6 Amount \$8.00	7 Payee address;2425 Exposition Blvd Austin,	City; TX 78703-2270	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Accounting/Banking	d at the top of this schedule)		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
01/29/2019	Texas Workforce Commission				
6 Amount \$1,039.64	7 Payee address; 101 E 15th St Rm 665 Austin,	City; TX 78778-1442	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Salaries/Wages/Contract Labor	d at the top of this schedule)		iption Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Payroll Taxes	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	2	Office soug	ht Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Gui	de explains how to co			
Total pages Schedule F1:	2. FILER NAME Stephen I. Adler		3. Fil	er ID (Ethics Commission Filers)	
4 Date	5 Payee name				
01/29/2019	United States Treasury				
6 Amount \$439.00	7 Payee address;	City;	State:	Zip Code	
	Eftps 1111 Constitution Ave W	ashington, DC 20224-0	0001		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Payroll Taxes		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
6 Amount	7 Payee address;	City;	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)		otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
6 Amount	7 Payee address;	City;	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	d at the top of this schedule)		theck if travel outside of Texas, complete Schedule Theck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					